

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm #	9674
Indexed	KH
Audited	
Computer	

COMMITTEE NAME (Must be same as on Statement of Organization)
AMERICA FIRST PARTY IOWA

IMPORTANT: Indicate type of committee you are reporting for: 2

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name OCT 18 2002 Political Party _____
Office Sought fax District (if Senate or House) _____

Melanie K. Wacker
SIGNATURE OF TREASURER (or person filing this report)

641-969-4865
TELEPHONE

10-17-02
DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A JULY 15 - OCTOBER 14, 2002 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 455.28
Schedule F: Loans Received total (Attach Schedule F)
Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 455.28

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ... 326.23
Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 129.05

****UNPAID BILLS** (From Schedule D - Attach Schedule D)\$

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)\$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ☐ YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

For Instructions, See Back of Form

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)**AMERICA FIRST PARTY IOWA**

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
6/22/02	ID# CK# 9205	Melanie K. Wooten 301 Lakonta Oak Street Eddyville, IA 52553-9741	N/A	\$ 30.88	<input type="checkbox"/>
7/1/02	ID# CK# 9201	James E. Monaghan 7470 Commerce Court Cedar Rapids, IA 52411	N/A	50.00	<input type="checkbox"/>
7/17/02	ID# CK# 9202	David M. Doyle 3358 Feather Ridge Road Toddville, IA 52341	N/A	200.00	<input type="checkbox"/>
7/24/02	ID# CK# 9206	Pay Pal to verify account	N/A	0.27	<input type="checkbox"/>
7/24/03	ID# CK# 9207	Pay Pal to verify account	N/A	0.16	<input type="checkbox"/>
8/1/02	ID# CK# 9203	Cliff Cofer 726 Eighth Street West Des Moines, IA 50265	N/A	23.97	<input type="checkbox"/>
8/1/02	ID# CK# 9204	James E. Monaghan 7470 Commerce Court Cedar Rapids, IA 52411	N/A	150.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 455.28

TOTAL (if last page of this schedule)

\$ 455.28

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Regist Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

AMERICA FIRST PARTY IOWA

9074

10-19-02

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/17/02	ID# CK#	Commercial Federal Bank P. O. Box 1103	Visa Checkcard Annual Fee	\$ 12.00 /
7/17/02	ID# CK#	Commercial Federal Bank P. O. Box 1103	Iowa Use Tax on Visa Checkcard Annual Fee	0.60 /
7/17/02	ID# CK# 0092	U. S. Post Office Beacon, IA 52534	Annual Fee for rental of P. O. Box 25	20.00
7/20/02	ID# CK# 0093	Melanie K. Wooten P. O. Box 108, 2202 - 8th Ave. E. #1 University Park, IA 52595-0108	Reimbursement to Secretary-Treasurer for paper, duplicate receipt book, and pens for AFPIA	25.01 /
7/20/02	ID# CK# 0094	Melanie K. Wooten P. O. Box 108, 2202 - 8th Ave. E. #1 University Park, IA 52595-0108	Reimbursement to Secretary-Treasurer for AFPIA website setup charge and first month's fee at Homestead.com	34.99 /
8/3/02	ID# CK# 1000	Lynn A. Johnson 301 Lakota Oak Street Eddyville, IA 52553-9741	Reimbursement for printer cartridges, black and color, paper, and transfer paper for T-shirts	114.22 /
8/12/02	ID# CK#	Viking Office Products Minneapolis, MN		57.93 /
8/13/02	ID# CK#	Clarke American Checks, Inc. 10931 Laureate Drive San Antonio, TX 78249	Electronic payment of charge for special check package, including leather checkbook cover and return labels	31.50 /
SUB-TOTAL				\$ 296.23
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(f).)

Page 1 of 2

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

AMERICA FIRST PARTY IOWA

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/30/02	ID# CK#	Homestead Technologies, Inc. 3375 Edison Way Menlo Park, CA 94025	Electronic payment of monthly website charge for September 2002 at Homestead.com	\$ 14.99 ✓
10/1/02	ID# CK#	Homestead Technologies, Inc. 3375 Edison Way Menlo Park, CA 94025	Electronic payment of monthly website charge for October 2002 at Homestead. com	14.99 ✓
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 29.98
TOTAL (If last page of this schedule)				\$ 326.23

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detailed on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i))

Page 2 of 2

FOR INSTRUCTIONS SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

AMERICA FIRST PARTY IOWA

Reset Form

SCHEDULE E (Rev 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/10/02	David M. Doyle 3358 Feather Ridge Road Toddville, IA 52341	N/A	Envelopes	\$ 1.00	<input type="checkbox"/>
10/10/02	David M. Doyle 3358 Feather Ridge Road Toddville, IA 52341	N/A	Paper	3.89	<input type="checkbox"/>
10/10/02	David M. Doyle 3358 Feather Ridge Road Toddville, IA 52341	N/A	Postage	11.47	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 16.36	
TOTAL (if last page of this schedule)				\$ 16.36	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)